



COUNTY BOROUGH OF STOCKPORT.

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# Annual Report

ON THE

## School Medical Service

FOR

# 1929

BY

NICOLAS GEBBIE, M.D. (Glas.), D.P.H. (Manch.),

Medical Officer to the Education Committee.

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FALCON PRINTING Co. LTD., Wellington Street.





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## EDUCATION COMMITTEE, 1929-30.

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Vice-Chairman—Councillor W. A. Downham.

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## MEDICAL INSPECTION SUB-COMMITTEE.

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Rev. J. D. Pearson, B.A.

Mr. J. Goodison.

## STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee—Nicolas Gebbie, M.D., D.P.H.

Assistant School Medical Officers—W. H. Rowell, M.D., B.S., D.P.H., Doris A. Haworth, M.B., Ch.B., D.P.H.

School Dentists—Mary V. Sibson, L.D.S. (resigned 28-2-29), Bernard Cooke, L.D.S., Dorothy F. du Cros, L.D.S. (commenced duty 1-5-29).

School Nurses—Miss Longley, Miss Axon, Miss Jackson.

Clerical Assistant—Miss Demount.

Assistants at School Inspections—Miss Greenwood, Miss Ormes.

Assistants to School Dentists—Miss Weaver, Miss Kelly.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE,  
OF THE COUNTY BOROUGH OF STOCKPORT.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present herewith my Report upon the work of the School Medical Department for the year ending 31st December, 1929. The Report has been prepared in accordance with the instructions of the Board of Education and consists of carefully compiled statistical tables of the results of the work of the Department, together with explanatory notes as to the scope, aims and achievements of the supervision of the health of our school population during 1929.

The general standard of health of the children during the period under review has been good, and throughout the year the town has remained remarkably free from serious epidemics of infectious disease. The policy of your Medical Inspection Sub-Committee, carried out energetically by the Staff of your School Medical Department, has aimed at securing for every child such a standard of physical and mental fitness as will enable each individual of school age to receive proper benefit from the education provided for him. The scope of the work undertaken in that behalf and the measure of success achieved are detailed in the pages of the report. Throughout the year the work of the Department has been of a steadily progressive character and little of note has occurred which necessitates special reference by me.

The new Belmont Council School which was opened during the year marks a distinct step forward in the provision of excellent modern accommodation for teaching purposes. The results, both immediate and remote, of such provision will be manifested in a higher standard not only of educational attainments but also of physical health. The acquisition by the Education Committee of the site for an Open-Air School at Longfield is another milestone in the progressive development of educational provision for the less robust members of the child community.

In the Dental Section of the School Medical Department the resignation of Mrs. Sibson, L.D.S., and the appointment of Miss D. du Cros, L.D.S., fall to be recorded. The additional accommodation for dental treatment at the Central Clinic will, when completed, enable us to institute a more comprehensive scheme of Dental Inspection and Treatment than has hitherto been possible.

I would again gratefully acknowledge my indebtedness to all who have assisted me during the year in the work of safeguarding and improving the health of our school children. The Chairman, Vice-Chairman and the members of the Medical Inspection Sub-Committee have continued their deep and sympathetic interest in the work of the Department. A. Lawton, Esq., M.A., Secretary of Education ; Dr. W. H. Rowell, Dr. D. A. Haworth, the School Dentists, the School Nurses, and the Clerical Staff have all given of their best in the interests of the children, and their work, aided by the sympathetic helpfulness of the teachers and by the ready co-operation of the parents, has contributed in large measure to the success recorded in the report which it is my privilege to present to you.

Your obedient servant,

N. GEBBIE,

Medical Officer to the Education Committee.





## SUMMARY OF RESULTS OF MEDICAL INSPECTION.

Total number of children inspected in Public Elementary Schools...	8,338
Total number of children inspected in Code Groups .....	5,400
Total number of Special Cases inspected at School ..	2,938

Year	No. of Cases inspected in Code Groups	No. found to require treatment	Per cent. requiring treatment
1928 ...	5,650	1,352	23.92
1929 ...	5,400	1,471	27.24

Total number of children inspected in Secondary Schools .....	995
Total number of children found to require treatment .....	169

SCHOOL CLINICS.	No. of Special Cases attending Clinic	Total No. of attendances
Central School Clinic .....	5,334	17,880
Reddish Clinic .....	242	853

ROUTINE MEDICAL INSPECTIONS (vide Table 1) .....	5,400
Other Inspections (at School and Clinics) .....	12,315
Secondary School Inspections .....	995
Visits by School Nurses to homes for following up .....	1,837
Individual Children examined for uncleanness.....	13,932
Total number of examinations made for uncleanness.....	20,426
Number of individual children found unclean.....	1,559
Percentage of children with unclean heads.....	8.94

## SCHOOL DENTAL DEPARTMENT.

No. of Schools inspected by School Dentists .....	26
No. of Individual Children inspected at School.....	4,506
No. of Special Cases inspected .....	3,624
Total number of Children inspected.....	8,130
Found to require treatment .....	7,565
Actually treated .....	5,629
Attendances made by children for treatment .....	5,716



## SCHOOL HYGIENE.

Mr. Yates, School Buildings' Surveyor, favours me with the following report :—

## BELMONT COUNCIL SCHOOL.

The erection of this building has been completed, and the school was opened on Friday, August 30th, 1929. Accommodation is provided for 800 scholars (Mixed and Infants), and also for the teaching of Practical Science, Domestic Science and Manual Instruction.

Improvements at Elementary Schools have been carried out as follows :—

New Maple Floors .....	Parish Church of E. St. Peter's C.E. (Infants' Department). Stockport R.C.
Repairs to Playgrounds.....	Cale Green Council. Hollywood Park Council. South Reddish Council.
Improvements to Heating Installations and New Boilers	St. George's C.E. St. Matthew's C.E. St. Peter's C.E. Heaton Moor Council.

Advantage was taken of the opportunity presented by the failure of the Boilers to carry out the various improvements to heating installations. The results have been highly satisfactory, and long standing complaints have been removed.

The improvements carried out at Heaton Moor Council School will give an adequate supply of heat in all the first-floor class-rooms without the open fires, which have previously been in use in conjunction with a smaller number of radiators.

Improvements to Electric Lighting.....	Alexandra Park Council. Parish Church of E.
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## DOMESTIC SCIENCE CENTRE, GREAT EGERTON STREET.

Outbuildings have been converted into latrines with provision for boys and girls, and the Yard has been paved with concrete flags.

## ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has an area of 7,059 acres and an estimated population of 127,800. The number of children on the School Register in December, 1929, was 15,088, approximately one Elementary School child to 8·47 persons living in the district. The accommodation and the average attendance in December, 1929, at the various Schools in the Borough are set out in detail in the following table:—

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
Vernon Park Council .....		M.	600	506	462	91
„ .....		J.	320	256	232	91
Wellington Road Council .....		M.	308	318	294	92
„ .....		I.	127	121	111	92
Portwood Temp. Council .....		J.	250	203	174	86
St. Paul's C.E. ....		M.	311	341	317	93
„ .....		I.	143	119	105	88
St. Thomas' C.E. ....		M.	646	547	508	99
„ .....		I.	324	175	150	86
St. Matthew's C.E. ....		M.	362	345	322	93
„ .....		I.	178	163	133	82
Hollywood Park Council .....		S.	400	357	326	91
„ .....		J.	300	291	241	83
Alexandra Park Council .....		S.	500	520	493	95
„ .....		J.	400	406	348	86
Brentnall Street Council .....		M. & I.	337	257	235	91
Stockport R.C. ....		B.	400	271	241	89
„ .....		G.	242	285	251	88
„ .....		I.	230	179	149	83
St. Peter's C.E. ....		M. & I.	546	266	241	91
Higher Brinksway Cl. ....		M.	252	173	165	95
„ .....		J.	215	144	126	87
Cheadle Heath Council .....		M.	320	253	233	92
„ .....		I.	160	132	115	87
Heaton Moor Council .....		M. & I.	310	333	277	83
St John's, Heaton Mersey.....		M. & I.	395	257	224	87

NAME OF SCHOOL.	Dept.	Accom- modation.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
St. Thomas', Heaton Chapel .....	M. & I.	448	230	203	88
Hope Memorial C.E. ....	J.	209	156	129	83
St. George's C.E. ....	S.	300	273	254	93
„ .....	J.	300	289	268	92
„ .....	I.	272	253	203	80
Parish Church of E. ....	M.	600	382	344	90
„ .....	I.	219	166	145	87
Great Moor C.E. ....	M.	330	343	295	86
„ Council .....	I.	120	128	103	80
Banks Lane Council .....	M.	362	349	321	92
„ .....	I.	124	109	79	72
Cale Green Council .....	M.	464	265	235	89
„ .....	I.	220	155	130	84
Edgeley R.C. ....	B.	317	309	275	89
„ .....	G.	345	297	267	90
„ .....	I.	238	201	164	82
Belmont Council .....	S.	400	368	334	91
„ .....	J.	400	378	316	84
Christ Church of E. ....	S.	352	308	277	90
„ .....	J.	398	363	312	86
All Saints' C.E. ....	M. & I.	528	330	284	86
St. Mary's R.C. ....	M.	337	273	249	91
„ .....	I.	195	147	122	83
Houldsworth .....	M.	419	316	278	88
„ .....	I.	286	144	119	83
North Reddish Council .....	S.	400	327	294	90
„ .....	J.	260	233	211	91
„ .....	I.	320	255	190	75
South Reddish Council .....	J.	141	110	91	83
Reddish R.C. ....	M. & I.	360	180	155	86
St. Mary's C.E. ....	M. & I.	289	233	210	90

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Totals, 19th Dec., 1929 ..... 18,529 15,088 13,330 88·3



## MEDICAL INSPECTION AT THE SCHOOLS.

For the purpose of Routine Medical Inspection school children are divided into three age groups:—

- (1) “Entrants,” or children commencing school life.
- (2) “Intermediates,” or children between the ages of 8 and 9 years.
- (3) “Leavers,” or children between 12 and 14 years of age.

Our aim is to examine each child once in each of these groups, that is, at least three times in the course of his or her school career. Attention is also given at each inspection to SPECIALS, namely, cases not of code age group, referred to the Medical Officer by Teachers or Attendance Officers, or brought forward at the request of parents. “Re-inspections” of children found defective at a previous Routine Medical Inspection take place when the Schools are visited a second time towards the close of the year.

No departure has been made from the Board's Schedule of Medical Inspection.

A fortnight previous to the intended examination the Head of each Department is notified that the Inspection is about to take place.

A list is prepared from the school register of all children in the department who come within the Routine Age Groups, and the necessity of bringing forward special cases for examination is also impressed upon the Teachers.

A lady assistant is always present with the Doctor at the Inspection. Her duties are to weight and measure the child, when this has not already been done, to help with the undressing and dressing of the child in the absence of the parent, and to assist in testing the eyesight. Routine cases are taken at the rate of 16 per hour. Special cases at a more variable rate.

During the year 261 visits were made to the Elementary Schools for the Annual Inspection. 5,400 children received the full systematic examination which each child undergoes at least three times during school life, and 2,938 children were seen as “Specials.”

Of the 5,400 Routine children, 1,471 or 27·24 per cent. had defects.

2,812 parents attended the inspections.

## FINDINGS OF MEDICAL INSPECTIONS (See Table II.)

(a) UNCLEANLINESS. The examination of children for conditions of uncleanliness is carried out at School by your School Nurses. For this purpose special visits are paid by the Nurses to the various Schools at regular intervals. Special attention is paid to the girls, and as all the girls are inspected there can be no cause for complaint that a particular child has been singled out for attention. The general standard of cleanliness of the children in attendance at the Public Elementary Schools has greatly improved in recent years. The dissemination of knowledge of hygienic measures, the improvement in the social condition of the people and the fashion of having girls' hair cut and trimmed have all contributed to secure improvement, but there can be no doubt that the regular inspections and re-inspections of the



children by the School Nurses have been of the greatest importance in this respect. When inspections were made at long intervals it was found that many of the children relapsed into conditions of uncleanness. Real success in securing and maintaining cleanliness can only be obtained by oft-repeated inspections. The number of old offenders thus discovered is comparatively small, and such cases together with cases where the home conditions are unsatisfactory are dealt with at the School Clinic. The Nurses' visits permit of personal instruction being given to the parents and thus play an important part in educating the mothers to realise the importance of cleanliness in maintaining good health. Further, during the inspections, cases of skin diseases, e.g., Impetigo, Ringworm, etc., are discovered and treatment is secured at an earlier stage than might otherwise be the case. It was not necessary during the year to take legal proceedings in any case nor to have any child compulsorily cleansed. Statistical information as to the supervision of the cleanliness of the children by the School Nurses is given in Table IV., Group V. of this report.

(b) MINOR AILMENTS. There is nothing new in the type of minor ailments discovered. Many of these are first seen at the Clinic, sent by teachers or parents.

At the Routine Inspections were found 1 case of ringworm body, and 35 other cases of skin diseases, e.g., Impetigo, Septic Sores, etc., all requiring treatment.

(c) TONSILS AND ADENOIDS. The Routine Inspection showed 202 cases of either enlarged tonsils or adenoids, or the two combined. There were 195 similar cases in 1928.

(d) TUBERCULOSIS. Fourteen cases of suspected pulmonary tuberculosis were found at the Routine Inspection, and also 8 non-pulmonary cases, all of which required treatment, and were referred to the Clinical Tuberculosis Officer.

(e) SKIN DISEASES. Most of the children suffering from skin diseases are first seen at the Clinic.

36 cases were found at Routine Inspections to require treatment, whilst 238 cases were actually treated at the Clinic.

(f) EXTERNAL EYE DISEASE. 22 cases of blepharitis (inflammation of the edges of the eyelids) were found at Routine Inspection and referred for treatment. This is generally an indication of lowered health, and the child is recommended for appropriate general treatment in addition to the treatment of the local conditions.

43 cases of various other conditions of the eye were also found.

(g) VISION. 241 cases of defective vision, including 45 cases of squint, were recorded at the Routine Inspections.

The early treatment of squint is most important, as an untreated squinting eye rapidly deteriorates.

The gravity of a squint is not always recognised by the parents. Defective eyesight is a common cause of retardation at school.

(h) EAR DISEASE AND HEARING. Routine Inspection revealed 56 cases of running ears requiring treatment, and 4 cases for further observation.

Nine cases of defective hearing of varying degrees were advised as to treatment.

(i) DENTAL DEFECTS. The School Doctors noted 236 cases of dental defects at the Routine Inspections.

These were mostly gross defects frequently associated with septic gums and consequent impaired health. The Report of the School Dental Department is given elsewhere, page 17.

(j) CRIPPLING DEFECTS. The majority of these are due to infantile paralysis, rickets, or congenital deformities, and when seen by the School Doctor have usually reached a stage where treatment is urgently required.

Routine Inspections show under deformities 16 cases of rickets, and 30 other forms, all requiring treatment.

The Return of Exceptional Children (Table III.) gives information of ascertained crippling defects.

INFECTIOUS DISEASE.

I am indebted to the Public Health Department for the following "Table of Cases of Infectious Disease notified under 15 years of age," during 1929.

	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	Total under 15 years
Smallpox .....	...	...	...	...	...	...	1	1
Scarlet Fever ... ..	...	6	12	11	11	102	30	172
Diphtheria .....	3	9	10	18	19	126	41	226
Erysipelas .....	...	...	...	...	...	6	...	6
Pneumonia (Acute Primary) ...	5	4	3	4	2	8	6	32
Pneumonia (Acute Influenzal).	1	2	1	1	2	1	1	9
Encephalitis Lethargica . . . . .	...	...	...	...	...	1	1	2

Children discharged from the Infectious Diseases Hospital must be certified by the School Doctor before returning to school.

Upon request by a Teacher the Doctor or Nurse will pay a special visit to a School where infectious disease has occurred to give advice and to detect "carriers" of infection.

Contacts of cases of Infectious Disease are excluded from School by the Health Department in accordance with instructions of the Board of Education, and the Head Teacher of each Department has received a copy of "The Head Teachers' Guide to Infectious Diseases at the School."



During the year under review it was not found necessary to close any Department or School owing to the prevalence of Infectious Disease.

### FOLLOWING UP.

If the parent is present at the School Medical Inspection the condition of the child and any necessary treatment are discussed with her; if not, the child takes home a sealed letter addressed to the parent, stating the defect found, the necessity for treatment, and the days on which the doctor can be consulted at the School Clinic.

After a short interval the home of each child requiring treatment is visited by a nurse to ascertain if such treatment is being carried out, and if necessary to impress on the parent the need of treatment, and to explain the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or consultation, when the parent was not present at the School.

Each child is re-examined at the next visit to the School, and, if necessary, the case is again followed up at home.

The Attendance Officers urge parents of children out of school with minor ailments, and who are not under treatment by a private doctor, to bring them to the School Clinic for advice and treatment. Certain Clinic cases also require home visiting.

There are three Nurses on the Staff. One is engaged full time in the Central Clinic. The other two are employed in following up cases, in the regular visitation of Schools to examine children for cleanliness, and in helping to investigate any special cause of illness in any particular School when requested by the Head Teachers. A Nurse attends the Reddish Clinic one half-day per week.

During this year 1,837 visits were made to the homes.

### MEDICAL TREATMENT.

At the Central School Clinic, 108, Wellington Road South, work is going on all day.

A record is kept of each child, the nature of the complaint, and the dates and hours of attendance for treatment. If the child comes from School to the Clinic he (or she) is given a time card for the Teacher showing the time of arrival and departure from the Clinic. These particulars are confirmed by sending a weekly time sheet to each School from which children may have come.

On Wednesday, and on Thursday afternoon also, refraction work is undertaken, and spectacles are prescribed for defective sight, whilst Saturday morning is reserved for Special Medical consultations, i.e., the detailed examination of physical and mental defectives, epileptics, etc.

Many children suffering from various types of skin disease, external eye affections, and other forms of minor ailments, attend daily for treatment, thereby appreciably shortening the duration of the disease.

Total attendances at the two Clinics .....	18,733
Total number of Special Cases attending .....	5,576
Average number of attendances per case .....	3.85

## Defects treated :—

Skin Diseases .....	238
Eye Diseases (external and others).....	302
Ear Diseases.....	225
Miscellaneous Minor Ailments (Sores, etc.) .....	2,861
Defective Vision .....	328

In addition to these, children attend with their parents at the Clinic for medical examination and advice, and to obtain certificates of exclusion from, or admission to School.

During the year 905 certificates of exclusion from School for varying periods of time were given.

## EXCLUSIONS, 1929.

Impetigo .....	17
Sores .....	142
Scabies.....	16
Verminous Conditions .....	10
Ringworm Scalp.....	10
Ringworm Body.....	13
Other Skin Diseases .....	28
Eye Diseases .....	40
Ear Diseases .....	14
Tonsillitis and Pharyngitis .....	70
Glands Enlarged .....	19
Infectious Diseases .....	105
Contacts with Infectious Disease.....	3
Kidney Disease .....	1
Nervous Diseases .....	24
Epilepsy .....	2
Tuberculosis other than Phthisis.....	6
Heart Disease.....	6
Anæmia and Debility.....	40
Influenza .....	6
Pyrexia.....	22
Rheumatism .....	6
Rickets.....	3
Bronchitis and Asthma .....	54
Gastric Catarrh .....	6
Enteritis .....	1
Jaundice .....	3
Operation Tonsils and Adenoids .....	2
Orthopædic Defect .....	1
Nasal Polypus .....	1
Miscellaneous .....	234
<b>Total, .....</b>	<b>905</b>



(a) SCALP RINGWORM.—In connection with the School Clinics X-Ray treatment for this disease is obtained at the Stockport Infirmary, on payment by the Education Committee of a fee of two guineas per case. No charge is made to parents of children.

Only extensive cases are advised to have X-Ray treatment. Twelve cases of scalp ringworm were treated at the Clinic by local medication. One case was treated at the Stockport Infirmary by X-Ray. One further case was treated privately.

(b) TONSILS AND ADENOIDS. Enlarged Tonsils and Adenoids are a frequent cause of ill-health amongst children of school age. Such children suffer from a chronic catarrh of the naso-pharynx with varying degrees of deafness. In consequence of the obstruction to the nasal passages many of the children are "mouth breathers," and, in consequence, become liable to recurrent attacks of sore throat, to catarrhal conditions of the respiratory passages, and to such infectious diseases as Scarlet Fever, Diphtheria, etc. When deafness is pronounced the child is unable to take full advantage of the educational facilities provided, and becomes backward in scholastic attainment. The improvement in mental outlook which follows the surgical treatment of cases of enlarged Tonsils and Adenoids is frequently so noticeable as to call forth comment from parent and teacher alike.

Surgical treatment is only resorted to in severe cases where local medicinal treatment has failed to effect the necessary relief of symptoms.

The arrangements made with the Stockport Infirmary for the operative treatment of these cases are very satisfactory. Upon the advice of the School Doctor the parent takes the child to the Infirmary for examination by the Surgeon in charge of the Throat and Nose Department

Should operative treatment be advised an order is issued from the School Clinic. A fee of one guinea and a half is paid by the Local Authority to the Infirmary.

Necessitous cases, after investigation by the Superintendent of Attendance Officers, receive free treatment. The parents in non-necessitous cases are required to pay upon a graduated scale based upon their income.

117 cases received operative treatment under the Authority's Scheme, and 42 received operation privately.

(c) TUBERCULOSIS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.  
NOTIFICATIONS, CHILDREN 5 TO 14 YEARS.

Age	Pulmonary		Non-pulmonary	
	M.	F.	M.	F.
5	...	...	...	2
6	1	...	3	2
7	1	...	...	...
8	...	...	5	2
9	1	...	2	1
10	...	...	...	4
11	2	1	...	2
12	2	1	1	1
13	...	...	2	...
	7	2	13	14

## CHILDREN OF SCHOOL AGE ATTENDING THE TUBERCULOSIS DISPENSARY.

	New Cases in 1929	Total No. attending in 1929
Tuberculosis (Pulmonary).....	7	29
„ (Non-pulmonary).....	9	74
Lupus .....	1	5
Non-Tuberculosis—Bronchitis .....	3	17
Debility .....	12	51
Anæmia .....	...	9
	<hr/> 32	<hr/> 185

5 patients were admitted to the Whitehill Hospital, 8 patients to Westmorland Sanatorium, Meathop, and 2 patients to the Shropshire Orthopædic Hospital, Oswestry, under arrangements made by the Health Committee.

44 contacts were examined, but none were found to be tuberculous.

(d) SKIN DISEASE. Cases of Impetigo and Septic Sores predominate in this category. Treatment by antiseptic applications is carried out at the Clinics. Cases requiring more general measures of treatment are referred by the School Doctor to their private Medical Practitioners.

During the year 238 cases of Skin Diseases of various kinds were treated at the Clinics.

(e) EXTERNAL EYE DISEASE. Cases of Blepharitis, Styes, Conjunctivitis and Corneal Ulcers are treated at the Clinics. Cases of a more serious character are referred to their own Doctors.

(f) VISION. Table IV., Group II., shows that 328 cases of defective vision were refracted, and 28 cases of other defects of the eyes were dealt with under the Authority's Scheme.

64 refractions were done elsewhere and recorded.

Spectacles were prescribed for 390 children, whilst 374 children obtained them.

Cases not suitable for treatment at the School Clinic are advised to go to the Ophthalmic Department of the Stockport Infirmary.

Patients may also attend the Manchester Eye Hospital at the discretion of the School Doctors. A donation of £10 per annum is made by the Local Authority to this Hospital.

(g) EAR DISEASE AND HEARING. Of the 256 cases with ear discharge and 57 cases of other ear diseases, 236 received treatment.

All cases of running ears are urged to persevere with treatment. Unfortunately many parents consider the condition as trivial and fail to seek advice until the disease is well advanced.

Marked cases of these conditions are sent to the Specialist Aural Surgeon at Stockport Infirmary.



## SCHOOL DENTAL WORK IN 1929.

(h) DENTAL DEFECTS. INSPECTION. Routine Inspection was confined mainly to children of 5, 6 and 7 years, although in certain schools children of 8 years of age were also seen. A small number of children of the ages of 9 and 10 years were examined in addition to the above in cases where immediate treatment was necessary.

Twenty-six Elementary Schools were visited, 4,506 children being examined. Of this number 87·5 per cent. required treatment.

In addition to Routine Cases, 3,624 special cases were referred by the School Doctor, teacher or parent to the School Dentists for treatment.

At each school dental inspection a detailed examination is made by the Dentists, a mirror and probe being used for this purpose. The Lady Assistants, one of whom accompanies each Dentist, records on every child's card the following details :—

- (1) Date of Inspection.
- (2) Number of sound, saveable and unsaveable teeth, both temporary and permanent.
- (3) Teeth requiring filling.
- (4) Teeth requiring extraction.

Notifications are sent to parents of children referred for treatment. They are asked to see that their children obtain the necessary treatment without delay at their own private dentists. If they are unable to afford this treatment they are asked for their written consent for such treatment to be done at the School Dental Clinic.

TREATMENT. The ordinary course of treatment for such a child averages three visits to the Clinic. Extractions are always done before fillings in order to ensure a clean and healthy mouth before the filling is undertaken. Great care is taken to avoid removal of permanent teeth unless this is absolutely necessary.

Out of 8,130 cases inspected, including 3,624 Special cases, 7,565 were referred for treatment. 5,629 received treatment.

IRREGULARITIES. Minor cases are dealt with at the Clinic, while the more serious cases are referred to the Manchester Dental Hospital.

ANÆSTHETICS. Only local anæsthetics are employed, procaine being injected for the extraction of permanent teeth, and ethylchloride being sprayed on the gums in the case of temporary teeth extractions.

A table showing the details of Dental Inspection and treatment is shown at the end of this Report. (Table IV., Group IV.).

Mrs. Sibson, L.D.S., retired on the 28th February, 1929. Miss D. F. du Cros, L.D.S., Liverpool, commenced duty on the 1st May, 1929.

I would take this opportunity to place on record my appreciation of the valuable service rendered by Mrs. Sibson as School Dentist. During her term of office the work of the School Dental Department increased rapidly, thanks in no small measure to her professional skill and her personal popularity with her little patients.

Of recent years parents have begun to realise more fully the importance of having their children's teeth properly cared for. In order to meet the ever-increasing demand for dental service and to permit of the work of the School Dental Department being carried out in accordance with the instructions of the Board of Education it was found necessary to secure the services of a second School Dentist. Although there are now two School Dentists, who are whole-time officers, it has been impossible, with only one surgery available, to maintain adequate treatment facilities at the Clinic.

During the year consideration was given by your Medical Inspection Sub-Committee to various proposals to secure additional facilities for treatment. A scheme recommended by your officials for the establishment of a branch Clinic for Minor Ailments and for Dental Treatment in the Lancashire Hill district was abandoned in favour of a proposition to alter the Central School Clinic premises in Wellington Road South. The alterations at the Central Clinic are now in progress, and it is hoped that at an early date adequate facilities for dental treatment will be secured.

During 1929 your School Dentists have concentrated upon inspection at the schools of the children from 5 to 7 years of age and have spent a considerable time in advising parents as to the importance of the care of the teeth. The children of these groups in twenty-six elementary schools have been examined during 1929—an increase of 6 schools over 1928 and of 20 schools over 1927. It will be realised that some considerable time must elapse before an efficient system of inspection and re-inspection of all the children can be put into operation. Cases of dental trouble in children of other age groups—the so called “casuals”—have received treatment on two days per week, viz., Mondays and Thursdays. These casual cases so seriously interfered with the routine work of the School Dental Department that it was found necessary to limit the amount of casual work to be undertaken. Urgent cases of severe toothache in children who are unable to pay for a private dentist are attended to at the Clinic, but the treatment of such cases must play a subsidiary part in a scheme of conservative dentistry, which is the aim of School Dental work. As the arrangements for inspection and re-inspection become more complete the number of casual cases will decrease.

### CRIPPLING DEFECTS AND ORTHOPÆDICS.

Crippling defects met with amongst school children are due to one or other of the following conditions :

- (1) Infantile Paralysis
- (2) Tuberculosis of Bones and Joints.
- (3) Rickets.
- (4) Congenital Deformity or Injury.



The Local Education Committee have arranged with the Board of Management of Stockport Infirmary for Orthopædic Treatment to be carried out at Stockport Infirmary in children of school age suffering from crippling defects, subject to the following conditions:—

1. Children of school age must be certified and sent by one of the School Doctors.

2. Children thus sent must be “necessitous cases,” as defined in the instructions of the Education Committee.

3. The Education Committee cannot accept liability for payment for other cases, e.g., those sent to the Infirmary through other channels, or “non-necessitous cases.”

Subject to the above reservations, all cases, considered to be suitable by the School Medical Officers, are urged to avail themselves of the appropriate treatment provided in this Special Department of the Infirmary.

In 1927 Artificial Sunlight Treatment became available at Stockport Infirmary for suitable cases sent by the School Doctors and recommended for this special form of treatment by the Honorary Orthopædic Surgeon. Arrangements have been made with Mr. Brentnall, Hon. Orthopædic Surgeon to the Infirmary, for the case records of these patients to be available for the use of the School Medical Staff. Cases recommended for treatment by Artificial Sunlight are kept under observation at the School Clinic, and records are kept as to their progress. There is no doubt that Artificial Light Therapy carefully supervised and judiciously employed is a useful adjunct in the treatment of many debilitating conditions; especially is this the case in winter time in an industrial area.

I have referred to the scale of charges for Orthopædic Treatment and for Artificial Light Therapy in previous reports.

During the year 1929 treatment under the Orthopædic Scheme was secured for cases of non-tuberculous disease among school children as follows:—

54 out-patient attendances were made.

187 attendances for massage.

186 attendances for medical exercises.

8 X-Ray examinations were made.

4 cases were treated by Artificial Sunlight, making 147 attendances.

In addition to beds allotted to the Honorary Orthopædic Surgeon at Stockport Infirmary, the Stockport Corporation send cases, when accommodation is available, to the Shropshire Orthopædic Hospital at Oswestry.

My best thanks are due to Mr. Brentnall, Hon. Orthopædic Surgeon, and to Mr. Pearce, Secretary-Superintendent at Stockport Infirmary, for their co-operation in the administration of the Orthopædic Scheme.

### OPEN-AIR EDUCATION.

In previous reports I have emphasised the importance of providing educational facilities under open-air conditions for weakly, debilitated and "pre-tubercular" children, and in my report for 1928 I referred to the scheme for the establishment of an Open-Air School at Woodbank Park. After careful consideration of all the circumstances the Education Committee has decided to abandon that scheme and has acquired during 1929 a suitable site at Longfield, Didsbury Road, Heaton Mersey, for the purpose of an Open-Air School. The residence and its extensive grounds have been purchased by the Education Committee and plans are under consideration by the Board of Education and the Local Education Authority for the provision of open-air class-rooms, etc., with accommodation eventually for approximately 100 scholars. When completed the school should be an excellent example of a modern open-air school. The position is readily accessible, the site favourable, and the environment ideal. In such surroundings an open-air school should have a powerful influence in helping to restore the delicate children to health and strength and in assisting them to benefit more fully from the educational facilities provided for them.

### PHYSICAL TRAINING.

This is undertaken in the Elementary Schools by teachers who have paid special attention to the subject, no organiser being now available.

### PROVISION OF MEALS FOR SCHOOL CHILDREN.

There are two feeding centres in the town—in Higher Hillgate and Great Egerton Street.

Children are recommended for free meals by :—

- (1) School Teachers.
- (2) School Medical Officers.
- (3) Attendance Officers.

The Superintendent of Attendance Officers enquires into the financial state of the parents in all cases with a view to part payment being made, otherwise "free meals" are given. He personally supervises the Centres, and consults with the School Medical Officers, who pay periodical visits to the Feeding Centres, and inspect the food.

Any child whose condition is unsatisfactory is seen by the Medical Officer.

The children attend for breakfast and dinner on five days per week, on Saturday for dinner only. Meals are provided during the school holidays, excepting on public holidays, when the catering staff are away.

Breakfast consists of cocoa, bread and jam, treacle or margarine.

At dinner they have meat or fish, served in a variety of ways, with fresh vegetables and potatoes, Yorkshire pudding, milk puddings, jam roll and seasonal fruit pies.



The cooking and service are good, the food is appetising and much appreciated by all the children.

Milk allowance per head per day is 2/5 pint.

Meat                   ,,                   ,,           1½ ounces.

Fish                   ,,                   ,,           3           ,,

The statistical year for accounts of the Feeding Centres does not correspond with that of the School Medical Report, but during the year ending 31st March, 1929, 43,084 meals were provided. The cost of food per head was 2·31 pence, administrative and other expenses were 2·14 pence, a total cost per head per meal being 4·45 pence.

The average number of children attending the Feeding Centres daily was 78.

The individual number of children fed was 172.

### SCHOOL BATHS.

At the Corporation Central Baths, St. Petersgate, Stockport, and also at the Branch Baths at North Reddish, one bath is placed at the disposal of the Education Committee, upon payment, from May to October. Detailed time tables are drawn up whereby the baths are utilised by parties from the various schools. If necessary an extra bath is available for girls on payment of a reduced fee. No provision for bathing exists on school premises.

### CO-OPERATION OF PARENTS.

#### (1) AT THE SCHOOL INSPECTION.

An explicit "Notice to Parents, Date of Medical Inspection," is sent by the Head Teacher to the parent of any child who is to be examined as a Routine case.

The parent is requested to have the child present at school on that date and to attend at the examination. Parents may also attend when a child is examined as a "Special."

In 1929, 2,812 parents attended at the schools for this purpose.

Should any child be found to require treatment and the parent is not present, a "defect card" is given to the child. Treatment is much more easily obtained when the parent is present at the Inspection.

#### (2) AT THE CLINIC.

With regard to children attending at the Clinic, parents come with them in the majority of cases in which it is necessary for them to do so.

#### (3) IN THE HOME.

The Nurses meet with little opposition in the home visiting. Promises to obtain treatment are usually given after the Nurse has explained its necessity, though refractory cases are occasionally met with,

### CO-OPERATION OF TEACHERS.

Teachers assist the School Medical Staff materially by preparing lists of children to be examined under each group. They also select any special cases about whom they desire information and advice.

After the completion of an examination a typed list of names and addresses, with defects, is sent to each department in the school, and the influence of the teachers is exerted in urging treatment, if not already obtained.

In some instances they interview parents who are invited to see them and convey to them the suggestions of the School Doctor. They encourage children to bring with them and wear during school hours their prescribed spectacles.

### CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Frequent consultations occur between the School Medical Officers and the Superintendent of Attendance Officers, whilst the individual Attendance Officers also visit the School Clinic with reference to cases of illness or the absence of children from school. This system, in practice, has worked well and harmoniously.

- (1) The attendance at the School Clinic of special cases for further detailed examination (e.g., mentally defective children) is supervised by these officers.
- (2) Where it is considered desirable for the School Attendance Officers to assist the School Visiting Nurses in following up troublesome cases, and urging treatment for the more serious defects, such help is freely given and has proved beneficial.
- (3) The necessity for the provision of spectacles for children suffering from defective vision is not always appreciated by parents. In extreme cases pressure is brought by the Attendance Officers in order to ensure attendance at the School Clinic for refraction, and the obtaining of such glasses as are not provided free of cost.

### CO-OPERATION OF VOLUNTARY BODIES.

A Voluntary Organisation in Stockport known as the "George Fearn Trust," aided by the Local Authority's grant of £150, maintains 25 beds at the Ormerod Convalescent Home, St. Annes-on-Sea. Accommodation is also available for suitable cases at selected farms and cottages in the country a short distance from Stockport. Pre-tubercular and delicate children are selected and recommended by the School Doctors. At the Ormerod Home no limit is placed on the length of residence, supervision being exercised by the Medical Officer of the Home.



The number of cases sent away by the "Fearn Trust" during the year ended 31st December, 1929, are as follows:—

	Cases.	No. of Beds.
Ormerod Home .....	59	25
Ashford.....	8	8
Mellor—		
Cobden Edge Farm.....	21	6
Cheetham Hill Farm .....	19	8
Coldwall Farm.....	3	...
Stirrup Benches, Broadbottom .....	6	...
Rudyard Lake.....	8	5
Blackpool .....	1	...
Convalescent Home, West Kirby.....	1	...
Children's Sanatorium, Southport .....	10	...
	<hr/> 136	<hr/> 52

Whilst no case is rejected for financial disability in the above scheme, a partial contribution is expected from those parents who are in a position to contribute.

In addition, surgical appliances have been supplied to two children.

Under the auspices of the "Pearson's Fresh Air Fund" 2,000 poor children had a day trip into the country in August. 100 boys and 50 girls were medically examined previous to spending a week in camp.

The Trustees of the "Maria Leigh Sick Children's Fund" have very kindly provided a Christmas present to each crippled child residing in Stockport. The organisation and distribution were undertaken by the Superintendent of the School Attendance Department. The Trustees also assist in providing surgical appliances in necessitous cases recommended by the School Medical Department. Two such appliances were supplied during this year.

Mr. G. W. Taylor, of Stockport, is the Organiser and Honorary Treasurer of a Fund which enabled the crippled children of Stockport to enjoy a motor run into the country in July. The children were entertained to tea and given a gift. He is assisted by the Superintendent and Officers of the School Attendance Department.

The Stockport Institution for the Blind provides spectacles (gratuitously) for school children refracted at the School Clinic, if after enquiry by the Superintendent of School Attendance Officers, and confirmed by the Institute, the financial position of the parents is found to justify such gift.

In 1929 the number of spectacles provided free was 135 pairs.

There is in existence a "School Attendance Officers' Clog Fund," supported by voluntary contributions, and administered without cost by the Education Department. It is a means of supplying many poor children with efficient foot-gear, and plays a part in no small way in the voluntary schemes of help.

In the past year 1,170 pairs of clogs were provided at a cost of £203 4s. 3d.

### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

An Annual Census of children in the borough under school age is taken by the School Attendance Officers.

Any child of school age suffering as above is examined at the School Clinic. Similar cases below school age are noted.

No Day Special Schools are available in Stockport.

Blind or Deaf Children, after examination and completion of the necessary documents, are sent by the Local Authority to Special Residential Schools.

It is still more difficult to obtain vacancies in Institutions for Mentally Defective Children. Seven cases were admitted to Special Residential Schools during the year.

Feeble-minded and imbeciles are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but the available accommodation is limited. One feeble-minded case has been notified this year.

As regards Epilepsy, it is most difficult to convince parents of the necessity for continuous treatment and the benefits of residential treatment.

The Stockport Ladies' Care Committee undertake the regular visitation of homes where there are children certified as Mental Defectives. Reports are submitted each month to the Committee, the Secretary of the S.E. Lancashire Association for Mental Welfare attending. Thus the Mental Defectives are kept under observation and steps are taken to secure their removal to Institutions as need arises.

### SECONDARY SCHOOLS.

The pupils at the Secondary School, the High School for Girls and Fylde Lodge High School have had their usual medical inspection, all the girls being seen by Dr. Doris A. Haworth.

The Inspection Schedule in use at the Elementary Schools has been used, but special points (not applicable to the Elementary School Children) are inquired into in accordance with Circular 1,153. The attendance of parents with the girls is good. The question of the pupil's fitness for partaking in certain games, drill and gymnastics is considered in detail, and remedial exercises, where required, are discussed with the Lady Drill Instructor.



995 pupils were medically inspected, of whom 169 had defects requiring treatment. (See Table II., Secondary Schools).

No yearly records of treatment are available, for the cases are not followed up in their homes, neither do they receive treatment at the School Clinic. Defective children are re-examined at the next School Inspection. A list of defects is sent to the Head-Master or Head-Mistress, who render valuable help in seeing that treatment is obtained.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Mr. James Bell, B.A., Supervisor of the Juvenile Employment Exchange and Bureau, reports as follows :—

“I desire to express my high appreciation of the assistance received from the School Clinic by the Officers of the Juvenile Employment Bureau during the past year, and for many years previous.

“The records of physically or mentally defective children have always been at our disposal when needed, and most valuable advice has been given by the School Medical Officers from time to time.

“As Supervisor of the Bureau, I have the greatest pleasure in acknowledging my indebtedness to the Medical Officers and those associated with them in the Clinic, particularly so as the boys and girls with whom we deal have reached an age at which they can scarcely claim the attention of Medical Officers so fully occupied with children attending the schools.”

### STAMMERING.

Miss A. Pickford, A.L.C.M, (Eloc.) reports as follows :—

“During 1929 the class for children with defective speech was re-commenced in Cale Green School. Thirty-one children have received instruction, 30 completing the course (1 withdrawn before termination). The children are examined by the School Medical Officer on entering the class, and speech defects, nervous spasms, difficulties in breathing are recorded. The period of instruction lasts two months, during which time individual instruction to relieve the defect is given. On completion of the period the School Doctor again attends, and the children are tested in Speech, Reading and Recitation.

“The detailed result is :—

	Number.	Cured.	Much Improved.	Stationary.
Boys .....	27	13	13	1
Girls .....	3	2	1	...
	—	—	—	—
	30	15	14	1
	—	—	—	—

The Saturday morning “following up” class has had a good year, being well attended, the average number present being 12.



## MISCELLANEOUS.

Candidates for Minor Municipal Scholarships tenable at the Local Secondary Schools are medically inspected before the Oral examination.

41 boys and 29 girls were seen, total 70. No case was rejected on medical grounds.

Two children were examined and given a Medical Certificate for admission to an Industrial Institution.

Four children were given a Medical Certificate under the Employment of Children in Entertainments Rules, 1920.

Employment of school children—248 Medical certificates were issued.

The following schools were closed during 1929 for breakdown in the heating apparatus :—

St. Joseph's R.C., Reddish (Mixed and Infants' Department), 7th to 11th January. 5 days.

Brentnall Street Council, 15th to 22nd February. 7 days.

St. George's C.E. (Senior and Junior Department), p.m. 18th February and all day 19th February, 5th to 15th November.  $12\frac{1}{2}$  days.

## MEDICAL INSPECTION RETURNS.

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TABLE I.—Return of Medical Inspections.

(A.)—Routine Medical Inspections.

Number of Code Group Inspections :

Entrants	...	...	...	...	...	1927
Intermediates		...	...	...	...	1946
Leavers	...	...	...	...	...	1325
Total...						5198

Number of other Routine Inspections	...	...	...	202
Number of Secondary School Students Inspected...			...	615
Number of Girls' High School Students Inspected			...	274
Number of Fylde Lodge High School Students Inspected	...			106

(B.)—Other Inspections.

Number of Special Inspections	...	...	...	8272
Number of Re-Inspections	...	...	...	4043
Total...				12315
Grand Total				18710

MEDICAL INSPECTION RETURNS.  
ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection  
in the Year ended 31st December, 1929.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	Malnutrition .....	83	3	100	...
	Delicate .....	98	2	269	1
	Ringworm :				
	Scalp .....	...	...	14	...
	Body .....	1	...	37	...
	Scabies .....	...	...	17	...
	Impetigo .....	1	...	31	...
	Other Diseases (Non-Tuberculous) .....	34	...	184	...
	Blepharitis .....	22	...	81	...
	Conjunctivitis ... ..	7	...	67	...
Eye	Keratitis .....	3	...	5	...
	Corneal Opacities.....	6	2	57	3
	Defective Vision (excluding Squint) .....	196	202	370	128
	Squint .....	45	9	75	11
	Other Conditions.....	27	2	138	3
Ear	Defective Hearing .....	9	4	49	10
	Otitis Media .....	56	4	200	7
	Other Ear Diseases.....	1	...	56	1
Nose and Throat	Enlarged Tonsils only .....	165	152	240	89
	Adenoids only .....	13	12	26	9
	Enlarged Tonsils and Adenoids .....	24	...	62	...
	Other Conditions .....	45	1	118	1
	Enlarged Cervical Glands (Non-Tuberculous) .....	13	6	42	3
Defective Speech .....		45	2	52	5
Teeth—Dental Diseases .....		236	...	214	...



## MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection,  
in the Year ended 31st December, 1929.—*Continued.*

Defect or Disease		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :				
	Organic .....	32	8	50	6
	Functional .....	5	1	5	1
	Anæmia .....	108	5	170	4
Lungs	Bronchitis .....	145	8	112	2
	Other Non-Tuberculous Diseases .....	56	5	34	4
Tuberculosis	Pulmonary :				
	Definite .....	4	...	2	...
	Suspected .....	14	...	39	...
	Non-Pulmonary :				
	Glands .....	1	1	17	1
	Spine .....	3	...	2	...
	Hip .....	2	1	2	...
	Other Bones & Joints .....	...	...	8	1
	Skin .....	2	...	4	...
	Other Forms .....	...	...	3	2
Nervous System	Epilepsy .....	3	1	9	...
	Chorea .....	2	2	24	...
	Other Conditions .....	28	3	39	2
Deformities	Rickets .....	16	2	25	5
	Spinal Curvature .....	1	...	2	...
	Other Forms .....	29	6	45	5
Other Defects and Diseases .....		289	94	3505	61

MEDICAL INSPECTION RETURNS.

STOCKPORT MUNICIPAL SECONDARY SCHOOL—BOYS & GIRLS.

TABLE II. Return of Defects found by Medical Inspection,  
in the Year ended 31st December, 1929.

Number Examined :—		No. of Defects.	
	Boys ..... 375		
	Girls ..... 240		
Defect or Disease.		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment
Skin	Malnutrition .....	4	...
	Delicate .....	6	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
	Other Diseases (Non-Tuberculous)...	2	...
Eye	Blepharitis .....	1	...
	Conjunctivitis .....	...	...
	Keratitis .....	...	...
	Corneal Opacities.....	...	...
	Defective Vision (excluding Squint) ...	27	10
	Squint .....	...	...
	Other Conditions .....	...	...
Ear	Defective Hearing .....	...	...
	Otitis Media .....	6	1
	Other Ear Diseases.....	1	...
Nose and Throat	Enlarged Tonsils only.....	5	11
	Adenoids only .....	...	...
	Enlarged Tonsils and Adenoids .....	...	...
	Other Conditions .....	4	...
Enlarged Cervical Glands (Non-Tuberculous)		...	...
Defective Speech .....		...	...
Teeth—Dental Diseases.....		8	...

MEDICAL INSPECTION RETURNS.

STOCKPORT MUNICIPAL SECONDARY SCHOOL—BOYS & GIRLS.

TABLE II. -Return of Defects found by Medical Inspection,  
in the Year ended 31st December, 1929—Continued.

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic .....	3	1
	Functional.....	...	...
	Anæmia.....	18	...
Lungs	Bronchitis .....	1	...
	Other Non-Tuberculous Diseases .....	...	1
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	...	...
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	...
	Hip .....	...	...
	Other Bones and Joints .....	1	...
Nervous System	Skin .....	...	...
	Other Forms.....	...	...
	Epilepsy . .....	...	...
Defor- mities	Chorea .....	...	...
	Other Conditions.....	6	...
	Rickets .....	2	...
	Spinal Curvature .....	...	...
	Other Forms.....	5	1
Other Defects and Diseases .....		15	7



MEDICAL INSPECTION RETURNS.

HIGH SCHOOL FOR GIRLS, STOCKPORT.

TABLE II. Return of Defects found by Medical Inspection, in the year ended 31st December, 1929.

Number Examined ... 274		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	Malnutrition .....	3	...
	Delicate .....	2	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
	Other Diseases (non-Tuberculous)...	3	...
Eye	Blepharitis .....	2	...
	Conjunctivitis .....	...	...
	Keratitis .....	...	...
	Corneal Opacities... ..	...	...
	Defective Vision (excluding Squint) ...	5	3
	Squint .....	...	1
Ear	Other Conditions.....	...	1
	Defective Hearing .....	...	...
	Otitis Media.....	1	1
Nose and Throat	Other Ear Diseases.....	...	...
	Enlarged Tonsils only.....	7	...
	Adenoids only .....	1	...
	Enlarged Tonsils and Adenoids.....	...	...
Other Conditions .....		4	...
Enlarged Cervical Glands (Non-Tuberculous)		...	...
Defective Speech .....		...	...
Teeth—Dental Diseases .....		5	...

## MEDICAL INSPECTION RETURNS.

## HIGH SCHOOL FOR GIRLS, STOCKPORT.

TABLE II. Return of Defects found by Medical Inspection, in the year ended 31st December, 1929.—*Continued.*

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease		
	Organic .....	1	...
	Functional .....	1	...
	Anæmia .....	2	...
Lungs	Bronchitis .....	...	...
	Other Non-Tuberculous Diseases .....	...	1
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	...	...
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	...
	Hip .....	...	...
	Other Bones and Joints .....	...	...
	Skin .....	...	...
	Other Forms.....	...	...
Nervous System	Epilepsy .....	...	1
	Chorea .....	...	...
	Other Conditions.....	...	...
Deformities	Rickets .....	1	...
	Spinal Curvature .....	...	...
	Other Forms.....	11	...
Other Defects and Diseases .....		6	5

# MEDICAL INSPECTION RETURNS.

FYLDE LODGE HIGH SCHOOL, STOCKPORT.

TABLE II. Return of Defects found by Medical Inspection,  
in the year ended 31st December, 1929.

Number Examined... 106		No. of Defects.	
Defect or Disease.		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	Malnutrition .....	1	...
	Delicate .....	1	...
	Ringworm :		
	Scalp .....	...	...
	Body .....	...	...
	Scabies .....	...	...
	Impetigo .....	...	...
	Other Diseases (Non-Tuberculous) ...	...	...
Eye	Blepharitis .....	1	...
	Conjunctivitis .....	...	...
	Keratitis .....	...	...
	Corneal Opacities.....	..	...
	Defective Vision (excluding squint)...	3	3
	Squint .....	1	1
Ear	Other Conditions.....	1	1
	Defective Hearing .....	...	...
	Otitis Media .....	...	...
Nose and Throat	Other Ear Diseases.....	...	...
	Enlarged Tonsils only.....	2	1
	Adenoids only .....	...	...
	Enlarged Tonsils and Adenoids.....	...	...
Other Conditions.....		...	...
Enlarged Cervical Glands (Non-Tuberculous)		...	...
Defective Speech.....		...	...
Teeth—Dental Diseases.....		2	...



## MEDICAL INSPECTION RETURNS.

FYLDE LODGE HIGH SCHOOL, STOCKPORT.

TABLE II. Return of Defects found by Medical Inspection,  
in the year ended 31st December, 1929.—*Continued.*

Defect or Disease.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :		
	Organic .....	2	..
	Functional.....	...	..
	Anæmia .....	7	..
Lungs	Bronchitis .....	...	...
	Other Non-Tuberculous Diseases ...	1	1
Tuber- culosis	Pulmonary :		
	Definite .....	...	...
	Suspected .....	1	..
	Non-Pulmonary :		
	Glands .....	...	...
	Spine .....	...	..
	Hip .....	1	..
	Other Bones and Joints .....	...	..
Nervous System	Skin .....	...	..
	Other Forms.....	...	..
Nervous System	Epilepsy .....	1	..
	Chorea .....	...	..
	Other Conditions .....	...	..
Deformities	Rickets .....	...	..
	Spinal Curvature .....	...	..
	Other Forms.....	4	..
Other Defects and Diseases .....		1	..

**MEDICAL INSPECTION RETURNS.****ELEMENTARY SCHOOLS.****TABLE II.—B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	No. of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
<b>CODE GROUPS:—</b>			
Entrants.....	1927	479	24·85
Intermediates.....	1946	541	27·8
Leavers .....	1325	372	28·07
<b>Total (Code Groups) .....</b>	<b>5198</b>	<b>1392</b>	<b>26·77</b>
<b>Other Routine Inspections .....</b>	<b>202</b>	<b>79</b>	<b>39·1</b>
<b>Secondary School Students.....</b>	<b>615</b>	<b>96</b>	<b>15·6</b>
<b>Girls' High School Students .....</b>	<b>274</b>	<b>48</b>	<b>17·51</b>
<b>Fylde Lodge High School Students .....</b>	<b>106</b>	<b>25</b>	<b>23·58</b>

**MEDICAL INSPECTION RETURNS.****ELEMENTARY SCHOOLS.****TABLE III.—Return of all Exceptional Children in the area.**

			Boys	Girls	Total
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind.....	5	2	7
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	...	1	1
	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind.....	2	4	6
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	...	2	2
DEAF (including deaf and dumb and partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf .....	4	10	14
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution	1	1	2
	(ii.) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf .....	...	...	...
		Attending Public Elementary Schools .....	2	7	9
		At other Institutions .....	...	...	...
		At no School or Institution	...	...	...



MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area—  
*Continued.*

			Boys	Girls	Total
MENTALLY DEFECTIVE	Feeble-minded (cases not noti- fiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children .....	11	8	19
		Attending Public Elemen- tary Schools .....	17	13	30
		At other Institutions .....	...	1	1
		At no School or Institution.	11	14	25
	Notified to the Local Control Authority during the year	Feeble-minded .....	...	1	1
		Imbeciles .....	...	...	...
		Idiots.....	...	...	...
	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics..	...	...	...
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elemen- tary Schools .....	1	...	1
		At no School or Institution	1	3	4
	Suffering from epilepsy which is not severe	Attending Public Elemen- tary Schools .....	8	5	13
		At no School or Institution	...	1	1
PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	2	...	2
		At other Institutions .....	...	...	...
		At no School or Institution	4	2	6

## MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—  
*Continued.*

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.— <i>Continued.</i>	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	...	...	...
		At Certified Residential Open-air Schools .....	...	...	...
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools .....	25	17	42
		At other Institutions .....	...	...	...
		At no School or Institution	3	1	4
	Delicate children ( <i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools .....	1	...	1
		At Certified Day Open-air Schools .....	...	...	...
		At Public Elementary Schools .....	251	260	511
		At other Institutions .....	...	...	...
		At no School or Institution	...	5	5
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	...	2	2
		At Public Elementary Schools .....	10	17	27
		At other Institutions .....	...	...	...
		At no School or Institution	5	2	7

MEDICAL INSPECTION RETURNS.  
ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—  
*Continued.*

			Boys	Girls	Total
PHYSICALLY DEFECTIVE— <i>Continued.</i>	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools .....	...	...	...
		At Certified Residential Cripple Schools .....	...	...	...
		At Certified Day Cripple Schools .....	...	...	...
		At Public Elementary Schools .....	70	74	144
		At other Institutions .....	...	...	...
		At no School or Institution	6	9	15

TABLE IV.—Return of Defects Treated during the Year ended  
31st December, 1929.

TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp .....	13	1	14
Ringworm—Body .....	37	1	38
Scabies .....	17	...	17
Impetigo .....	31	1	32
Other Skin Disease .....	140	10	150
Minor Eye Defects— (External and other, but excluding cases falling in Group II.).....	302	5	307
Minor Ear Defects .....	225	11	236
Miscellaneous— ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.).....	2861	70	2931
Total .....	3626	99	3725



**MEDICAL INSPECTION RETURNS.****ELEMENTARY SCHOOLS.****TABLE IV.—Return of Defects during the Year ended  
31st December, 1929.—continued.****GROUP II.—Defective Vision and Squint (excluding Minor Eye  
Defects treated as Minor Ailments—Group I.)**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	328	40	24	392
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	28	...	...	28
Total .....	356	40	24	420

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme...326.

(b) Otherwise...64.

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme...135.

(b) Otherwise...239.

**GROUP III.—Treatment of Defects of Nose and Throat.**

## Number of Defects.

Received Operative Treatment			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
117	42	159	47	206

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE IV.—Return of Defects during the Year ended  
31st December, 1929.—*continued*.

GROUP IV.—Dental Defects.

(1) Number of Children who were:—	(2) Half-days devoted to:—
(a) Inspected by the Dentist:	Inspection... 95
Aged:	Treatment...543 } Total .....638
Routine Age Groups {	
5...1294	
6...1292	
7...1465	
8... 334	
9... 71	(3) Attendances made by children for
10... 50 } Total ...4506	treatment .....5716
11... ..	
12... ..	(4) Fillings:—
13... ..	Permanent teeth... 208 } Total
14... ..	Temporary teeth... 116 } 324
Specials.....3624	(5) Extractions:—
Grand Total...8130	Permanent teeth... 969 } Total
	Temporary teeth...5338 } 6307
(b) Found to require treatment .....7565	(6) Administrations of general anæsthetics for extractions...Nil.
(c) Actually treated .....5629	(7) Other operations:—
(d) Re-treated during the year as the result of periodical examination. ...	Permanent teeth... 105 } Total
	Temporary teeth... 47 } 152

There has been no periodical examination of schools.

GROUP V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by School Nurses .....	10·56
(ii.) Total number of examinations of children in the Schools by School Nurses.....	20,426
(iii.) Number of individual children found unclean .....	1,559
(iv.) Number of children cleansed under arrangements made by the Local Education Authority .....	Nil.
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws .....	Nil.

**MEDICAL INSPECTION RETURNS.****BOARD OF EDUCATION.**

Local Education Authority: STOCKPORT C.B.

**Statement of the Number of Children Notified during the Year ended December 31st, 1929, by the Local Education Authority to the Local Mental Deficiency Authority.**

Total Number of Children Notified : 1.

**ANALYSIS OF THE ABOVE TOTAL.**

DIAGNOSIS.	Boys.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(a) Idiots .....	...	...
(b) Imbeciles.....	...	...
(c) Others .....	...	1
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:—		
(a) Moral Defectives.....	...	...
(b) Others .....	...	...
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16.....	...	...
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, i.e., "special circumstances.....	...	...
4. Children who in addition to being mentally defective were blind or deaf .....	...	...
Grand Total .....	...	1



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